

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL DEP.	12	←		←		←		
TOTAL CLAIMS	18							
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY